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PŘOFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 1, Corporation Name

THE IMPACT OF ADVERTISING INC

**FILED** Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90025 045 \*\*\*150.00

| THE HAIR  | ACT OF ADVENTISHED, INC   | <b>,</b>   |  |  |                            |   |   |  |                                     |
|---|---|--|--|--|----------------------------|---|---|--|-------------------------------------|
| Principal Place   | of Business   | Mailing Address  |  |  | ] ' <b>''''</b>            | יו פוונם זפוום וקוום פוום פוו<br>וו פוונם זפוום וקוום | <b>9</b> ))) <b>9</b> )91 <b>9</b> 1811 <b>9</b> 19 |  | 11311 01411 1881                    |
| 20800 NW 2ND  | AVENUE  | 20800 NW 2ND AVENUE  |  |  | 1                          |   |   |  |                                     |
| US HIGHWAY 441  |   | US HIGHWAY 441   |  |  | DO NOT WE                  | TE IN TUIC (  | PACE  |  |                                     |
| MIAMI FL 33169  |   | MIAMI FL 33169   |  | Data Inco  | DO NOT WRI                 | IE IN ITIS  | SPACE   |  |                                     |
| US  |   | US   |  | 1 *.   | . • .                      |   |   | <b>\</b>                                     |                                     |
|   |   |  |  | <u> </u>   | 04/01/                     |   | <del></del> _                                       | TAn  | plied For                           |
| 2. Principal Pla  | ace of Business   | 2a. Mailing Address  | 0004   |  | 1 "                        |   |   | <u> </u>                                     | ot Applicable                       |
| 21  |   | 26 P. O. Box 69  | <u>-9024</u>   |  | 59-282                     | <u> </u>  |   | \$8.75                                       |                                     |
| Suite, Apt. i   | #, etc.   | Suite, Apt. #, etc.  |  |  | 5. Certifcate              | of Status Desired                                     |   | Fee Re                                       |                                     |
| 22  |   | City & State   |  |  | = Flortion (               | Campaign Financing                                    |   | \$5.00                                       | May Re                              |
| City & State  | 9   | 28 Miami,  | $\operatorname{FL}$  |  |                            | d Contribution  |   |  | to Fees                             |
| Zip   | Country   | Zio Zio  | Countr   |  |                            | oration owes the cur                                  | rent vear Inta                                      | naible                                       | y.,                                 |
|   | 25 25   | 29 33269-9024 3  |  | -  |                            | Property Tax.   |   | ☐Yes   | □No <sup>®</sup>                    |
| 24  | 9. Name and Address of Current  |  |  |  | 10. Name ar                | d Address of New                                      | Registered A  | \gent  |                                     |
|   | 9. Name and Address of Outrons  | . regional and a regions   | 8  | 1 Name   |                            |   | , -   |  |                                     |
| FODI  | IMAN, TODD A  |  |  | Todd   | A. Fodir                   | nan, Esq.   | toble)  |  |                                     |
|   | PONCE DE LEON BLVD  |  | 8:   | 2 Street Addre   | ess (P.O. Box N<br>Rrickel | umber is Not Accept  Avenue, S                        | uite 17   | 20   | -                                   |
|   | FLOOR   |  | 8:   |  | DITCICL                    | 11101101  | <u> </u>  |  |                                     |
|   | IAL SPRINGS FL 33134  | a. Salaria   | L  | <u> </u>   |                            |   |   | V1   | 0-40                                |
|   |   | # <sub>1</sub> \$=4  | 8-   | City<br>Mi am  | 4                          |   | FL  | 85   Zip<br>  33                             | Code                                |
| 44 Durayant   | to the provisions of Sections 607.0502  | 2 and 607 1508. Florida Statutes   | the abo  | ve-named corps   | oration submits            | this statement for the                                | e nurnose of  | changing its                                 | registered                          |
|   |   |  |  |  | on's board of dir          | ectors. I hereby acce                                 | ept the appoir                                      | itment as re                                 | egistered                           |
|   | m familiar with, and accept the obligat   | ione of Saction 607 D605 Floric  | 42 STATUTE   |  |                            |   |   |  | i                                   |
| agent. Far  | III lamiliai Willi, and accor we obliger  | tions of, Section 607.0505, Florid   | da Ottatuto  | · .  |                            |   |   |  | Ļ                                   |
| SIGNATURE   | ·   |  |  |  | d when reinstating)        |   | DATE  |  |                                     |
| SIGNATURE   | Signature, typed or printed name of registered agen   | t and title if applicable. (NOTE: R  | Registered Ag  | ent signature required   |                            | IS/CHANGES TO OI                                      |   | D DIRECTO                                    | ORS IN 12                           |
| SIGNATURE   | Signature, typed or printed name of registered agen<br>OFFICERS AN  | t and title if applicable. (NOTE: R  |  | ent signature required   |                            | IS/CHANGES TO O                                       |   | D DIRECT(                                    | ORS IN 12                           |
| SIGNATURE  12.  TITLE   | Signature, typed or printed name of registered agen OFFICERS AN   | t and title if applicable. (NOTE: R  | Registered Ag  | ent signature required   |                            | IS/CHANGES TO O                                       |   |  |                                     |
| SIGNATURE  12. TITLE NAME   | Signature, typed or printed name of registered agen OFFICERS ANI PD ZINN, WARREN H.   | t and title if applicable. (NOTE: R<br>D DIRECTORS                                       | 13. 1.1 TITLE  | ent signature required   |                            | IS/CHANGES TO O                                       |   |  |                                     |
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| SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | Signature, typed or printed name of registered agen OFFICERS AND PD ZINN, WARREN H. 20800 NW 2ND AVENUE, US H   | t and title if applicable. (NOTE: R<br>D DIRECTORS                                       | 13. 1.1 TITLE  | ent signature required  ET ADDRESS  ST-ZIP   |                            | IS/CHANGES TO O                                       |   |  |                                     |
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of Indisease the owner of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of Indisease the owner of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of Indisease the owner of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of Indisease the owner of the owner of

SIGNATURE:

1/13/99

(305) 654-3900